



# AUDITION FORM

Pic #: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Home or Cell Text? Yes No

Email: \_\_\_\_\_ On Facebook? Yes No

City: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_

*If applicable, School:* \_\_\_\_\_ *Grade/Year:* \_\_\_\_\_

*If under 18, Parent/Guardian name:* \_\_\_\_\_

P/G Phone: \_\_\_\_\_ Home or Cell Text? Yes No

P/G Email: \_\_\_\_\_ On Facebook? Yes No

## NOTABLE EXPERIENCE

Role or Character	Show Title	Group/Theatre	Year

Musicals: Vocal Range: \_\_\_\_\_ Do you read music? Yes No

Instruments you play: \_\_\_\_\_

Role(s) in which you are MOST interested: \_\_\_\_\_

Will you accept another role? Yes No Ensemble or non-speaking role? Yes No

How did you learn about these auditions? \_\_\_\_\_

Are you interested in being contacted about future:	Audition notices?	Yes	No
	Crew opportunities?	Yes	No
	Volunteer opportunities?	Yes	No

Please list all known conflicts between now and the show dates:

\_\_\_\_\_

### **DO NOT WRITE BELOW THIS LINE**

Director (1-2-3-4-5) \_\_\_\_\_

Music Dir. (1-2-3-4-5) \_\_\_\_\_

Choreographer (1-2-3-4-5) \_\_\_\_\_